

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

*07 MAR -9 A10 :24

THIS SPACE FOR OFFICE USE ONLY

RI ACHO

STATE OF HAWAII

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
RADCLIFFE	JOHN	н.	808-536-7557		
MAILING ADDRESS (Street)			FAX		
222 SOUTH VINEYARD STREET, SUITE 401			808-599-4340		
(City)	(State)	(Zip	Zip Code)		
HONOLULU	HAWAII	96813-	96813-2453		
EMPLOYING ORGANIZATION (Fi	TELEPHONE				
RADCLIFFE & ASSOCIATES, L	LC		808/536-7557		
MAILING ADDRESS (Street)	FAX				
222 SOUTH VINEYARD STREE	808/599-4340				
(City)	(State)	(Zip	(Zip Code)		
HONOLULU	HAWAII	96813	96813-2453		

PART II ORGANIZATION						
NAME OF ORGANIZATION YOU LO	TELEPHONE 808-535-6800					
HAWAII ACCOUNTANTS COALITION						
MANUANO ADDDESC (Chroat)	FAX 808-535-6801					
MAILING ADDRESS (Street)	FAX 808-333-0801					
1001 BISHOP STREET, PAUAHI TOWER, 24 TH FLOOR						
1007 5,01701 5,11,221,77,67						
(City)	(State)	(Zip Code)				
HONOLULU	HI	96813				
NAME OF PERSON RESPONSIBLE FO	TELEPHONE 808-754-4026					
MELODY BUTAY DACANAY	E.					
WILLOW BOTH BOTH BROKEN	· ·					
MAILING ADDRESS (Street)		FAX 808-599-4340				
222 SOUTH VINEYARD STREET, S	SUITE 401					

	(City)	(State)		(Zip Code)			
HONOLULU		HI		96813-245			
	,						
PAR	T III DESCRIPTION	OF SUBJECTS UPON WHICH	H YOI	J EXPECT TO LOBBY			
[]	Agriculture	[] Education	[]	Human Services	[]	Science, Technology & Economic Development	
[]	Communications & Public Utilities	[X] Government Operations & Finance	[X]	Intergovernmental Relations, International Affairs	[]	Tourism & Recreation	
[]	Consumer Protection & Commerce	[] Hawaiian Affairs	[]	Labor & Employment	[]	Transportation .	
[]	Culture, Arts, Historic Preservation	[] Health	[]	Planning, Land & Water Use Management	[]	Other: (indicate below)	
[]	Ecology, Energy Environmental Protection	[] Housing	[]	Public Safety & Corrections		,	
PAR		N OF LOBBYIST					
I hereby certify that the information furnished above is, to			s, to t	the best of my knowledge, correct and complete. タ/ス/0フ			
		(Signature of Cobbyist)		(Date)			
	U						
PAR		ON TO LOBBY			·		
NAM	=		TIT	LE OF AUTHORIZING OFFIC	ER OR F	PERSON REPRESENTED	
TERF	RI FUJII			MANAGING PARTNER, E	ERNST &	YOUNG	
NAME OF ORGANIZATION (if applicable)				1	ELEPHO	ONE 808-535-6800	
HAW.	AII ACCOUNTANTS COALIT	rion .					
MAILING ADDRESS (Street)			F	FAX 808-535-6801			
1001	BISHOP STREET, PAUAHI	TOWER, 24 TH FLOOR					
	(City)	(State)		(Zip Co	(Zip Code)		
	HONOLULU HI				96813		
	I hereby authorize the a	above - named person to enga	age in	lobbying activities on be	half of	the undersigned.	
Juni Diji							
(Signature of Authorizing Officer or Person Represented) (Date)							